

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

Eddie L. Williams  
(Plaintiff)

vs

Case No. \_\_\_\_\_

Apple Inc & Google LLC  
(Defendant)

MOTION TO PROCEED IN FORMA PAUPERIS

I, plaintiff, Eddie L. Williams, respectfully moves this Honorable Court for leave to proceed in this matter without payment of fees, costs, or security.

Attached hereto is an affidavit in support of my motion to proceed in forma pauperis.

Respectfully submitted,

Plaintiff Eddie L. Williams

Address 4701 Legacy DR

Plano, TX 75024

Phone 945-289-7396

Date 12 August 2024

AFFIDAVIT IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

**INSTRUCTIONS:** Complete all questions in this affidavit and then sign it. Do not leave any blanks. If the answer to a question is "0", "none", or "not applicable (NA)", write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

1. Are you presently employed? YES \_\_\_\_\_ NO

(a) If the answer is "YES", state the amount of your gross salary or wages per month and give the name and address of your employer.

\$ \_\_\_\_\_ per month

Employer \_\_\_\_\_

(b) If the answer is “NO”, state the date of last employment and the amount of the gross salary and wages per month which you received.

\$ 2000 per month

Employer Legend Transportation

2. Is your spouse presently employed? YES \_\_\_\_\_ NO

If the answer is "YES", state the gross amount of his/her salary or wages per month and give the name and address of his/her employer.

\$\_\_\_\_\_ per month

Employer \_\_\_\_\_

3. Have you or your spouse received within the past twelve (12) months any money from any of the following sources:

- (a) Business, profession, or form of self-employment? YES \_\_\_\_\_ NO
- (b) Rent payment, interest or dividends? YES \_\_\_\_\_ NO
- (c) Pensions, annuities, or life insurance payment? YES \_\_\_\_\_ NO
- (d) Gifts or inheritances? YES \_\_\_\_\_ NO
- (e) Any other sources? YES \_\_\_\_\_ NO

If the answer to any of the above questions is "YES", describe each source of money and state the amount received from each during the last twelve (12) months and by whom.

---

---

---

4. How much cash do you and your spouse have? \$ 800.00.

5. List any money you or your spouse have in bank accounts or in any other financial institution and the name of the financial institution.

---

---

---

6. List the assets and the values which you or your spouse own. Do not list clothing and ordinary household furnishings.

Home Address \_\_\_\_\_

Value of Home \_\_\_\_\_

Motor Vehicle #1 Make, Year, Model Cadillac 2011 SRX

Value of Motor Vehicle #1 5,000

Motor Vehicle #2 Make, Year, Model \_\_\_\_\_

Value of Motor Vehicle #2 \_\_\_\_\_

7. Do you or your spouse own any other real estate, stocks, bonds, notes, automobiles, or other valuable property not listed above (excluding ordinary household furnishings and clothing)?

YES \_\_\_\_\_ NO

If the answer is "YES", describe the property and state its approximate value.

---

---

8. List the persons who are dependent upon you or your spouse for support, state your relationship to those persons, and indicate how much you contribute toward their support.

Wife

---

---

9. Do you expect any major changes to your spouse's monthly income or expenses or in your or your spouse's assets or liabilities during the next 12 months?

YES \_\_\_\_\_ NO

If yes, describe below or on an attached sheet.

---

---

10. Estimate the average monthly expenses of you and your family. If different, list separately the amounts paid by your spouse.

Rent or home-mortgage payment \$1900

Utilities (electricity, heating fuel, water, sewer, and phone) none

Home maintenance (repairs and upkeep) none

Food \$300.00 month

Clothing \_\_\_\_\_

Laundry and dry-cleaning \$40.00 monthly

Medical and dental expenses disabled veteran

Transportation (not including motor vehicle payments) 218.25

Recreation, entertainment, newspapers, magazines, etc. \_\_\_\_\_

Insurance (not deducted from wages or include in mortgage payments)

Homeowner's or renter's insurance \_\_\_\_\_

Life insurance \_\_\_\_\_

Health insurance \_\_\_\_\_

Motor vehicle insurance \$213.00 monthly

Other insurance \$740 yearly

Taxes (not deducted from wages or included in mortgage payments) \_\_\_\_\_

Installment payments

Motor vehicle motorcycle

Credit card Pay off immediately

Department store credit card none

Other installment payments none

Alimony, maintenance and support paid to others none

Regular expenses for operation of business, profession, or farm (attach a detailed statement) none

Other expenses none

11. Provide any other information that will help explain why you cannot pay the filing fees for your case.

unemployed at this time

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the filing fees of my case. I believe that I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.

(28 U.S.C. 1746, 18 U.S.C. 1621)

  
Signature of Applicant